10/119646

Approved for use through 10/31/2002. OMB 0631-003
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERC
OB collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to respond to a c Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Y3-13 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Cohema 2) (Celcom 1) FOR **NUMBER EXTRA** NUMBER FILED RATE RATE BASIC FEE \$ OR \$ UT OFE LIGHT TOTAL CLAIMS minus 20 = 0 OR 12 x \$9 0.00 x \$18 INDEPENDENT CLAIMS ō minus 3 = 0 OR 3 × 43_-0.00 x <u>86</u> (37 C/R 1.1400) MULTIPLE DEPENDENT CLAIM PRESENT 07 CFR 1.1K(I) OR 0 TOTAL 0.00 OR TOTAL n I is less then zero, enter "O" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** SMALL ENTITY OR SMALL ENTITY (Cohema 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT NUMBER RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE **LMENDMENT** PAID FOR OR Total Minus (37 CFR LIS(e)) OR Independent Minus (1) CFR 1.14(N) . OR UT CFR LIMO FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR () ADDIT, FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS **HIGHEST** ADDI-ADDI- $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE **AMENDMENT** PAID FOR OR Total UT CFR 1.15(4) Minus OR Independent Miaus U7 CFR L (406) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 C) R 1.16(4) OR OR TOTAL TOTAL Œ 23/06 ADDIT. FEE જ્ર (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-C REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.14(4) Minns 12 20 OR Independent G7 CFR 1.15GD ••• 3 Minus 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4) OR TOTAL TOTAL OR * If the entry in column I is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT, FEE ADDIT, FEE

"" If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 30, eater "20".

"" If the "Highest Number Previousty Paid For" IN THIS SPACE is less than 3, eater "20".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademan Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.